

**National YMCA Altitude Training Camp  
Olympic Training Center – Colorado Springs, Colorado  
August 20-25, 2006**

**SWIMMERS APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
USA Swimming # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Your email address \_\_\_\_\_  
Parent's Names \_\_\_\_\_  
Number of previous trips to Olympic Training Center \_\_\_\_\_  
YMCA Team \_\_\_\_\_ Coach \_\_\_\_\_  
Address \_\_\_\_\_  
Y Phone Number \_\_\_\_\_

By my signature I agree to the following:

1. If selected I agree to accept a position on the YMCA Altitude Training Team.
2. Cancellation on my part, less than one month prior to the camp could result in a charge of up to \$120.
3. I agree to sign and follow a United States Olympic Committee Code of Ethics. I will also follow the ethics set forth by The YMCA of the USA.
4. I will report to the Training Camp in the best possible condition. I agree to participate in the Training Camp to the best of my ability.
5. I can prove that I have met the Long Course Qualifying Times, as mandated by the OTC, in order to participate.
6. I understand that I will be responsible for the airfare cost of the trip.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Events and Place at 2006 Nationals

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Please mail this form along with proof of **LONG COURSE** time to:  
Bill Sepich – OTC Camp Director  
Burlington Co. YMCA  
59 Centerton Rd.  
Mt. Laurel, NJ 08054  
856-234-6200 Ext. 207  
bills@ymca-bc.org

**APPLICATIONS DUE BY JUNE 1, 2006  
SELECTIONS WILL BE MADE BY JUNE 8, 2006**